

CHAPTER IV: ACUPUNCTURE: AN EVIDENCE-BASED ASSESSMENT

Questions & Answers

Q: Is there any indication that acupuncture should have a negative effect?

A: The acupuncture isn't working the way a drug is. Acupuncture is not finding a particular receptor; if you gave too much of a drug, you'd have a receptor stimulated too much. Acupuncture, again, in ways that we don't fully understand, is giving the body a physiological nudge, so that if there's no need for a particular condition, acupuncture isn't going to do anything. That's what seems, most of the time, to be the case with acupuncture. The adverse effects from acupuncture have been documented, and most of them predate the current use of single, presterilized, disposable needles. When needles had to be autoclaved and heated, then there were a few cases of adverse effects. There are also a few cases of needles being used by people who have been improperly trained, using them at depths that they shouldn't be used that can cause damage. But, in general, the downsides of acupuncture, in terms of negative effects when done by a competently trained person, are very rare. It's been documented at the NIH conference. There are also several studies that have tracked thousands and thousands of visits, both here and in England and Australia.

Q: If that's true, when giving acupuncture prior to chemotherapy, would it elevate the immunoglobins or the immune response from a normal level to a higher level?

A: People with cancer already have, in many cases, a suppressed immune system and the herbs will be longer lasting than the effects of acupuncture and will be lasting into the treatment. I also think that there are probably very few of us in this room who couldn't do with a boost to our immune system just normally.

Q: If you knew that chemotherapy was indicated, and you said you do it before, how long before?

A: Any time a question like this comes up, I'm going to have to apologize and tell you that you have to go and talk to an acupuncturist and get that information. There are starting to be good review articles that are talking about this, so there are places for people to read about it, but it's not something that I would venture a question on.

Q: I was wondering how easy it is for an acupuncturist not to miss the point and, in other words, is it possible to end up with sham acupuncture?

A: Yes. First of all, there are 2 main populations of people who do acupuncture. One population have the initials LAC, in some states this varies, but in most states it's called an LAC, a licensed acupuncturist, and that's someone who has graduated from an accredited acupuncture college and has taken and passed a national board exam. Almost every state that allows nonphysicians to practice acupuncture uses the same national board exam except for California, which has been a state unto itself for a long time. They have their own separate exam. But, the other population of people consists of MD's who have taken a special course for MD's in acupuncture. Any MD can do acupuncture. It's not prohibited under their license, but you should really ask almost every MD who has taken this course in acupuncture if they are a member of what's called the AAMA, the American Academy of Medical Acupuncture. So you should ask if they're a member of the AAMA, or the initials LAC will tell you. Those people are not going to miss the points.

Q: Which one is better?

A: I'll just tell you the different kinds of training. Most MD's who take the special course for acupuncture learn a very different kind of acupuncture. There are truly many different styles of acupuncture that are quite different. They're all based, eventually, in the same theory; they all use needles to stimulate the same points, along the same meridians. But, MD's learn a style called French energetic acupuncture that came from China to Europe to the United States. Most of the acupuncture colleges in this country

will teach a system called traditional Chinese medicine that came directly from China. One major exception to that is a longstanding acupuncture college in Columbia, Maryland, which uses a system called Five Elements. It used to be called the Traditional Acupuncture Institute, now it's called the Tai Sophia Institute. That's another system that came to the United States from Europe, in this case from England, so there are many different systems. But, in general, MD's are not trained in the use of herbs. So, that's a big difference. Many people think it's the combination of acupuncture and herbs that are very effective for many conditions.

Again, just to give you an idea of the different styles, the Five Element School, which was developed by an excellent practitioner in England, developed what was called Five Elements Acupuncture. When he developed it, he had no access to Chinese herbs or herbalists in England and so he developed it as a system of basically acupuncture only. Like in so many conditions, I would suggest that you get different opinions and you'll find, even within one system, an acupuncturist who you have a better rapport with than someone else. Like any kind of medicine, you need to take more control and decide who feels good with you.

Many people say that the kind of acupuncture that's provided in China is much stronger and most American patients would not be pleased with the strength of the needling that goes on in China.

Q: Are the clinical trials on acupuncture alone or in combination with herbs?

A: This is one of the problems. All of the studies that we've looked at are only acupuncture. As I said, with most of the acupuncturists in this country, the non-MD acupuncturists learning a style of acupuncture that is used with herbs, it is disappointing that the overwhelming numbers of clinical trials are acupuncture only. It says that if the acupuncture alone will work, think of how much better the acupuncture and the herbs might work.

But I don't think we should be testing the herbs. It's too much of a generalization, but I think there should be many studies that do test the herbs by themselves for conditions that are treated. If the condition is primarily treated with herbs, then we need the research on that. The research should follow what the clinical practice is and when the conditions are treated with acupuncture and herbs, then the research should follow that. We're doing 2 studies, one for multiple sclerosis specific fatigue and another clinical trial for endometriosis-related pelvic pain. In both of those studies, we're using acupuncture and herbs.

Q: But you don't have results yet?

A: We don't have results yet and I can tell you how much trouble we had with the FDA to get permission to use the herbs. But we finally got permission because we want to use the herbs the way they're used in clinical practice, which is not single herbs but a formula.

Q: What happens when you go to an acupuncturist?

A: When you go to an acupuncturist, you should expect that it will be a very quiet environment on the whole. You will meet your practitioner, and in most cases, there will not be a receptionist. You will go into a room, which is typically very quiet, but not necessarily, because people express their personality to the way they set up their room. However, there will be something like a massage table/bed in the room and you will lie down on that, in most cases, for your treatment, unless perhaps you have asthma and need to sit up or you are being treated for shoulder pain or you're being put on your side.

You will talk to your practitioner for a few minutes and then he or she will design the intervention and then insert needles or use other techniques, which might be massage, burning or warming herbs, cupping, or electrical acupuncture. I also use little tiny balls, which are on a piece of paper and are used on the ear, particularly, to stimulate points, then stay there after you leave, so that you get a continuing stimulation. Once the needles

go in, typically, people get very, very relaxed. Some people fall deeply asleep and snore and will not even notice while you're putting in other needles. I always train people in what to experience when the needle is inserted.

So, the first thing is that a needle is solid and extremely fine and flexible. I always show people that and when you put it in, you feel, of course, a prick when it touches or enters the skin but it's momentary. What you're supposed to feel, what I'm training to feel, is the touching of the energy below the surface, and that has a number of different feelings as we pointed out. Richard was talking about right here, often there is a kind of an achiness sensation but other places may tickle or bubble or itch and you may feel it as you move. So, after the needles stay in for a period of time, they are moved by pulses at the beginning and continue.

I like to make sure that my selected treatment is certain in the person. The other day, I had someone whose pulse was over 100 and when they finished, it was at 84. That's an example of the stabilization. They were hardly aware of the stabilization. Instead, they experienced a sense of energy and coherence. I look for color or brightness to return to the face in chemotherapy patients. They often come in looking pale, but when they leave, they're shiny. Small children who are pale leave with red cheeks. The last piece is, you pay the practitioner. You don't go through another party but if you happen to have insurance coverage for your acupuncture, your acupuncturist will fill out the forms for you.

I talked briefly about where acupuncture was compared to the beta blocker for migraines. They compared the number of side effects from the acupuncture and the beta blocker; one of the very few side effects listed for acupuncture was euphoria. You feel good because of what you've left behind, not because of what happened during the treatment.

Q: What is sham acupuncture?

A: There are 2 different kinds of sham acupuncture, invasive and noninvasive. Invasive is putting in the same number of needles as in the real treatment, in places where we think no effect is going to happen. I think when you're treating patients who have a fairly serious condition, like in our study with multiple sclerosis, it's unethical to use invasive sham because this medicine was not developed to know what the effects are of putting a needle in every tiny part in the skin. It was only developed to see what were the best places to put needles for treating a particular condition. Having said that, noninvasive sham is much more widely used, and we use, for example, a toothpick inside a guide tube. If you've ever had acupuncture, you know that very often needles come within a plastic eye tube. It's easy to hold them there, then just tap the top of the needle. So, we use a toothpick on a nonacupuncture point and just tap it. It amazes me that even people who have had acupuncture a long time—I tell them to close their eyes and we put the needle in or we tap in the toothpick—can't tell the difference.

There's been a lot of interest lately in the kind of noninvasive sham needle, called a placebo needle. Remember when we were kids and we were playing with plastic arrows and would pretend to get shot? What happens is the tip of the arrow retracts into the shaft or it looks like you've been stabbed. They basically designed a placebo needle where it looks to the patient like the needle has gone in but what happens is the tip is retracted. But the problem is if you want that needle to stay upright and it's not in the skin. How do you make it stay upright? What they do is they take a little metal O ring and put it over the acupuncture point, then they take a piece of tape to hold it there and then they put the needle through that. Well, I have a fair amount of hair on my arms and I don't want to be in a study where they're ripping tape off me, and then we have to use the same setup for the real needles, for the real points in these types of studies because if you just use regular needles, you can only use that in the sham group. They go home and they talk to somebody and they say, "You got what?" Then they call that acupuncture with tape and a metal ring and everything, that's not acupuncture. So then they know they're in the sham group and the study is ruined.

Q: Does it matter in the studies whether you give the acupuncture before, during, or after? How is that determined?

A: Yes. When you give the acupuncture makes a difference. With the dental study, what they did was they gave the acupuncture before the initial anesthetic. The operation, the extraction of the third molar, was done under normal anesthetic. The question was, how long will it take for that anesthetic to wear off before the patient feels the pain? You start the acupuncture as soon as they become conscious again. You don't wait until they start to feel the pain. It really depends on what the condition is. Again, I think it's so important anytime there's a research study on acupuncture to involve the acupuncturists and ask them what they do, so that the study looks like what they really do in clinical practice. So it's not designed to satisfy the NIH or a journal, but we're really doing research that is rigorous enough to satisfy the standards of western research but also that honors the tradition of the medicine. We have to do both.

Q: Can acupuncture alleviate autoimmune disorders because of its homeostatic, homeodynamic actions?

A: Again, I can only answer the question on the basis of research that I've seen. Acupuncture has been successful with osteoarthritis, but not with rheumatoid arthritis. It's not effective for lupus, but there is some effectiveness for fibromyalgia.

Q: How about Hashimoto's disease?

A: I haven't seen any research. Again, you've got to go to an acupuncturist to get a sense of that. There are several cases where there are modern diagnosed conditions and you would think, well, how could acupuncture treat it, because it didn't exist when acupuncture developed, like multiple sclerosis, for example. You need a very modern diagnosis to know what it is.

But, when I first started doing that, I was to find out that there is something called Wei syndrome in Chinese medicine, which is a general category of muscle-wasting diseases. They haven't called it multiple sclerosis, but they certainly recognized it as a condition and know how to treat it. The thing about Chinese medicine is that you will always get the diagnosis. All of us are slightly out of balance in some way and you shouldn't wait. One of the best things about this medicine is that it's preventive care—don't wait.

We say it treats subclinical symptoms. Well that means that it treats conditions before you have western signs and symptoms. So very commonly, people come for a particular something that is already hurting them or bothering them and that's the entrée in which they suddenly begin to learn about what acupuncture can really do. The most exciting thing that acupuncturists tell me is when their patients first begin to start thinking of their body and talking about themselves and their body in nonwestern terms, in terms from this medicine.